

ONE FORM PER SYSTEM

Updated: 08/24/2006

Printed: 08/26/2009 WFI Printed For: On-Demand

Submission Reason: Non-Periodic update

1

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032 5. TYPE 3. COUNTY 4. GROUP 1. SYSTEM ID NO. 2. SYSTEM NAME Comm Α PIERCE NISQUALLY PARK WATER CO. 59588 K 8. Owner Number 000212 7. OWNER NAME & MAILING ADDRESS 6. PRIMARY CONTACT NAME & MAILING ADDRESS Chief Ops Officer BOB BLACKMAN [MANAGER] RAINIER VIEW WATER CO TITLE: OWNER CONTACT PO BOX 44427 **BOB BLACKMAN** TACOMA, WA 98448-0427 PO BOX 44427 TACOMA, WA 98448 STREET ADDRESS IF DIFFERENT FROM ABOVE STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ATTN ADDRESS 5410 189TH ST E **ADDRESS** STATE WA CITY ZIP 98375 STATE ZIP **PUYALLUP** CITY 10. OWNER CONTACT INFORMATION 9. 24 HOUR PRIMARY CONTACT INFORMATION Owner Davtime Phone: (253) 537-6634 **Primary Contact Daytime Phone:** (253) 537-6634 x1213 Owner Mobile/Cell Phone: Primary Contact Mobile/Cell Phone: **Owner Evening Phone:** (253) 537-6634 **Primary Contact Evening Phone:** (253) 537-6634 E-mail: irene@ranierviewwater.com E-mail: bob@rainierviewwater.com Fax: (253) 537-7896 Fax: (253) 537-7896 WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies. 11. SATELLITE MANAGEMENT AGENCY - SMA (check only one) Not applicable (Skip to #12) SMA Number: ☐ Owned and Managed SMA NAME: ☐ Managed Only ☐ Owned Only 12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply) **K**Residential ☐ Hospital/Clinic ☐ Agricultural School ☐ Industrial ☐Commercial / Business ☐ Licensed Residential Facility Temporary Farm Worker □Day Care Other (church, fire station, etc.): □ Lodging ☐Food Service/Food Permit ☐ Recreational / RV Park 1,000 or more person event for 2 or more days per year 14. STORAGE CAPACITY (gallons) 13. WATER SYSTEM OWNERSHIP (mark only one) Investor ☐ Special District ☐ Association ☐ County 0 □State Private ☐ Federal □City / Town 22 24 19 2 21 23 18 15 16 17 DEPTH SOURCE LOCATION SOURCE CATEGORY USE TREATMENT SOURCE NAME INTERTIE LIST UTILITY'S NAME FOR SOURCE DEPTH TO FIRST OPEN CAPACITY (GALLONS AND WELL TAG ID NUMBER. PRING IN SPRINGFIELD INTERVAL IN FEET WELL IN A WELL FIELD PER MINUTE) RANNEY / INF. GALI SECTION NUMBER INTERTIE Example: WELL #1 XYZ456 RRADIATION (UV SURFACE WATER 1/4 SECTION SYSTEM Source PRING FIELD IF SOURCE IS PURCHASED OR INTERTIED, ID NUMBER LIST SELLER'S NAME Example: SEATTLE 38 33 151 07E NE SE WELL #1 NW SE 33 15N 46 94 WELL#2

1. SYSTEM ID NO. 2. SYSTEM NAME S9588 K NISQUALLY PARK WATER C	O.		Thisans	3.	COUNTY ERCE				4.	group A	1 - 11 - 2	TYPE mm
							ACTIVE SE CONNECT	IONS	DOH USE CALCUL ACTIVE CON	ATED	DOH US APPR	79 6 9 2 8 44 5 A
25. SINGLE FAMILY RESIDENCES (How many of the fol	lowing d	o you ha	ve?)		Bina.		0		68		Unapp	roved
A. Full Time Single Family Residences (Occupied 180 days or more per year)							,68°	86				
B. Part Time Single Family Residences (Occupied less than 180 days per year	ır)						0					,
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How man												
A. Apartment Buildings, condos, duplexes, barracks, dorms	0											
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms the	0											
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms to	0											
27. NON-RESIDENTIAL CONNECTIONS (How many of the	A CHAPTER OF											
A. Recreational Services and/or Transient Accommodations (Campsites, RV si	0		0	NF SH		Maria .						
B. Institutional, Commercial/Business, School, Day Care, Industrial Services,	0		0 -									
	lining jane.		68		17 ISBN 1881							
29. FULL-TIME RESIDENTIAL POPULATION A. How many residents are served by this system 180 or <i>more</i> da	Congu											
30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ост	NOV	DEC
A. How many part-time residents are present each month?								St.			Sili ezaga	
B. How many days per month are they present?												
31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
B. How many days per month is water accessible to the public?												
32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												
33. ROUTINE COLIFORM SCHEDULE	JAN	FEB	MAR 1	APR	MAY:	JUN 1	JUL 1	AUG	SEP Mark	OCT 1	NOV.	DEC
35. Reason for Submitting WFI: ☐ Update - Change ☐ Update - No Change ☐ I 36. I certify that the information stated on this WF SIGNATURE:			3			ledge.	□ New S	System	☐ Othe			
PRINT NAME:	TIT											

DOH 331-011 (Rev. 06/03) Sentry DOH Water System Copy

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Page:



ONE FORM PER SYSTEM

Updated: 07/20/2007

Printed: 08/26/2009 WFI Printed For: On-Demand

Submission Reason: Non-Periodic update

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032 5. TYPE 4. GROUP 3. COUNTY 2. SYSTEM NAME 1. SYSTEM ID NO. Comm PIERCE OLYMPIC MALL WATER SYSTEM 63479 B 7. OWNER NAME & MAILING ADDRESS 8. Owner Number 000212 6. PRIMARY CONTACT NAME & MAILING ADDRESS Chief Ops Officer BOB BLACKMAN [OPERATIONS MANAGER] RAINIER VIEW WATER CO TITLE: OWNER CONTACT PO BOX 44427 **BOB BLACKMAN** TACOMA, WA 98448-0427 PO BOX 44427 **TACOMA, WA 98448** STREET ADDRESS IF DIFFERENT FROM ABOVE STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ATTN ADDRESS 5410 189TH ST E ADDRESS STATE WA ZIP CITY ZIP 98375 STATE **PUYALLUP** CITY 10. OWNER CONTACT INFORMATION 9. 24 HOUR PRIMARY CONTACT INFORMATION Owner Daytime Phone: (253) 537-6634 **Primary Contact Daytime Phone:** (253) 537-6634 x1213 Owner Mobile/Cell Phone: Primary Contact Mobile/Cell Phone: (253) 537-6634 Owner Evening Phone: **Primary Contact Evening Phone:** (253) 537-6634 E-mail: irene@ranierviewwater.com E-mail: bob@rainierviewwater.com Fax: (253) 537-7896 Fax:(253) 537-7896 WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies. 11. SATELLITE MANAGEMENT AGENCY - SMA (check only one) Not applicable (Skip to #12) SMA Number: ☐ Owned and Managed SMA NAME: ☐ Managed Only ☐ Owned Only 12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply) Residential ☐ Hospital/Clinic ☐ Agricultural School ☐ Industrial ☐Commercial / Business ☐Temporary Farm Worker ☐ Licensed Residential Facility □Day Care Other (church, fire station, etc.): ☐ Lodging ☐Food Service/Food Permit ☐ Recreational / RV Park 1,000 or more person event for 2 or more days per year 14. STORAGE CAPACITY (gallons) 13. WATER SYSTEM OWNERSHIP (mark only one) Special District Investor ☐ Association ☐ County 835,000 ☐ Private State ☐ Federal □City / Town 24 22 23 19 2 21 15 16 17 18 SOURCE LOCATION TREATMENT DEPTH USE SOURCE CATEGORY SOURCE NAME INTERTIE LIST UTILITY'S NAME FOR SOURCE DEPTH TO FIRST OPEN CAPACITY (GALLONS AND WELL TAG ID NUMBER. SPRING IN SPRINGFIELD INTERVAL IN FEET FIELD RANNEY / INF. GALLER PER MINUTE) SECTION NUMBER INTERTIE Example: WELL#1 XYZ456 1/4 SECTION WELL IN A WELL CHLORINATION SYSTEM SURFACE WAT PRING FIELD PERMANENT IF SOURCE IS PURCHASED OR INTERTIED, ID NUMBER LIST SELLER'S NAME NONE Example: SEATTLE 239 NW NW 21 21N 02E 110 S01 WELL #1 247 235 NW NW 21 21N 02E Χ WELL #2 Χ Χ 239 345 NW NW 21 21N 02E WELLS #1 & 2 WF (WELLFIELD) S03 NW NE 20 21N 02E Χ 343 200 Ν Gateway Well

1. SYSTEM ID NO. 2. SYSTEM NAME 63479 B OLYMPIC MALL WATER SYSTEM NAME	o. Contil											TYPE	
		region Principie Washing Palmani					ACTIVE SE	100	DOH US CALCU ACTIVE COI	LATED	and the delication	GE ONLY!	
25. SINGLE FAMILY RESIDENCES (How many of the fol	lowing d	o you ha	ve?)			THE DE	0	311111111111111111111111111111111111111	4C	A STATE OF THE STA	6	06	
A. Full Time Single Family Residences (Occupied 180 days or more per year)		-	•				401	606	1123	55271935533			
B. Part Time Single Family Residences (Occupied less than 180 days per year	ar)						0						
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How mar	thirties of												
A. Apartment Buildings, condos, duplexes, barracks, dorms	0												
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms the	0												
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms t	0												
27. NON-RESIDENTIAL CONNECTIONS (How many of the	Karagara.												
A. Recreational Services and/or Transient Accommodations (Campsites, RV s	0		0)							
B. Institutional, Commercial/Business, School, Day Care, Industrial Services,	107		10	798666	10								
製料	ligh,	- Limenson	50	8	7	13							
29. FULL-TIME RESIDENTIAL POPULATION A. How many residents are served by this system 180 or <i>more</i> da													
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30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC	
A. How many part-time residents are present each month?													
B. How many days per month are they present?													
31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC	
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?													
B. How many days per month is water accessible to the public?													
32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC	
If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?													
B. How many days per month are they present?													
33. ROUTINE COLIFORM SCHEDULE	JAN 1	FEB	MAR 1	APR	MAY 1	JUN 1	JU <u>L</u> 1	AUG	SEP	OCT L	NOV	DEC	
35. Reason for Submitting WFI: ☐ Update - Change ☐ Update - No Change ☐ I	nactiva	te □F	Re-Activa	ate □N	lame Ch	ange [∏ New S	System	☐ Othe	r en			
36. I certify that the information stated on this WF	6. I certify that the information stated on this WFI form is correct to the best of my knowledge.												
SIGNATURE:					DA	TE:							
DDINT NAME:													

DOH 331-011 (Rev. 06/03) Sentry DOH Water System Copy Page:



ONE FORM PER SYSTEM

Updated: 01/04/2008 Printed: 08/26/2009 WFI Printed For: On-Demand Submission Reason: Annual Update

5. TYPE

4. GROUP

RETURN TO: Southwest Regional Office, PO Box 47823, Olympia, WA, 98504

67397 Y PINE LAKE MOBILE HOME	EST 13	KITSAP	A	Comm							
6. PRIMARY CONTACT NAME & MAILING ADDRESS		7. OWNER NAME & MAILING ADD	RESS 8. Owner No	umber 000212							
Chief Ops Off BOB BLACKMAN [MANAGER] PO BOX 44427 TACOMA, WA 98448-0427	ncer	RAINIER VIEW WATER BOB BLACKMAN PO BOX 44427 TACOMA, WA 98448	ER CONTACT								
STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS CITY STATE Z	ZIP	STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ADDRESS 5410 189TH ST E CITY PUYALLUP STATE WA ZIP 98375									
O OFFICER PRIMARY CONTACT INCORMATION		10. OWNER CONTACT INFORMA	TION								
9. 24 HOUR PRIMARY CONTACT INFORMATION Primary Contact Daytime Phone: (253) 537-6634 x121	3	It seems could	53) 537-6634								
	3	Owner Mobile/Cell Phone:	30) 001 0004								
Primary Contact Mobile/Cell Phone:			53) 537-6634								
Primary Contact Evening Phone: (253) 537-6634			ail: irene@ranierviewwa	tor.com							
Fax: (253) 537-7896 E-mail: bob@rainierviewwater.		(200) 00. / 000		iter.com							
WAC 246-290-420(9) requires th	nat water systems p	rovide 24-hour contact informati	on for emergencies.								
11. SATELLITE MANAGEMENT AGENCY - SMA (check only one)											
Not applicable (Skip to #12)	### 10 Tes 2 to 20 20 20 20 20 20 20 20 20 20 20 20 20										
Owned and Managed SMA NAME:			SMA Nur	nber:							
☐ Managed Only											
Owned Only	10 - Maria			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1							
12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply)	Design Control of the										
☐ Agricultural	☐ Hospital/Clini ☐ Industrial	С	Residential School								
☐ ☐ Commercial / Business ☐ Day Care		sidential Facility	☐Temporary Farm Worker								
☐Food Service/Food Permit	Lodging	•	☐Other (church, fire station, e	etc.):							
□1,000 or more person event for 2 or more days per year	☐ Recreational	/ RV Park									
13. WATER SYSTEM OWNERSHIP (mark only one)			14. STORAGE C	APACITY (gallons)							
☐ Association ☐ County	Investor	☐ Special Distric	t								
□City / Town □ Federal	☐ Private	State		0							
15 16 17	18	19 2	21 22 23	24							
SOURCE NAME INTERTIE	SOURCE CATEG		ATMENT DEPTH	SOURCE LOCATION							
LIST UTILITY'S NAME FOR SOURCE AND WELL TAG ID NUMBER.			NS L								
	WELL WELL FIELD WELL FIELD SPRING SPRING SPRING FIELD SPRING FIELD	SEA WALEK SURFACE WATER RANNEY / INF. GALLERY OTHER PERMANENT SEASONAL EMERGENCY SOURCE METERED NONE CHLORINATION	TRATION UORIDATION VADIATION (UV) HER DEPTH TO FIRST OPEN INTERVAL IN FEET CAPACITY (GALLONS PER MINUTE)								
Example: WELL #1 XYZ456 INTERTIE SYSTEM IF SOURCE IS PURCHASED OR INTERTIED, ID LIST SELLED'S NAME NUMBER	FELL	SEA WATER SURFACE WATER RANNEY / INF. GAL OTHER PERMANENT SEASONAL EMERGENCY SOURCE METEREC NONE	FILTRATION FLUORIDATION OTHER DEPTH TO FIRST C INTERVAL IN FE CAPACITY (GALL PER MINUTE)	114, 114 SECTION SECTION NUMBER TOWNSHIP RANGE							
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S03 WF (S01, S02)	X	X Y X	115 153	SE NW 08 22N 02E							
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DOH 331-011 (Rev. 06/03) Sentry DOH Water System Copy Page:

1. SYSTEM ID NO. 2. SYSTEM NAME PINE LAKE MOBILE HOME E	EST 1 3			3.	COUNTY TSAP				4.	group A		rype mm
							ACTIVE SE CONNECT	IONS	DOH USE CALCUL	ATED	DOH US APPR	E ONLYI OVED
25. SINGLE FAMILY RESIDENCES (How many of the fol		o you ha	ve?)		O days		0		72	and high and of the same of the same	8	2
A. Full Time Single Family Residences (Occupied 180 days or more per year							72					**************************************
B. Part Time Single Family Residences (Occupied less than 180 days per year	·						0					
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How mar												
A. Apartment Buildings, condos, duplexes, barracks, dorms	0											
 B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms t C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms t 	0											
	0											
27. NON-RESIDENTIAL CONNECTIONS (How many of the A. Recreational Services and/or Transient Accommodations (Campsites, RV services)												
B. Institutional, Commercial/Business, School, Day Care, Industrial Services,	0		0									
and the second s	U		0 72)	8)						
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29. FULL-TIME RESIDENTIAL POPULATION		1100118		distings)						Marine Lan		
A. How many residents are served by this system 180 or more da	ys per yea	r?			180							
30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC
A. How many part-time residents are present each month?											Electrical	
B. How many days per month are they present?												
31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?												
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A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?												
B. How many days per month are they present?												
33. ROUTINE COLIFORM SCHEDULE	JAN 1	FEB	MAR 1	APR	MAY 1	JUN 1	JUL 1	AUG 1	SEP1	ост 1	NOV 1	PDEC 1
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35. Reason for Submitting WFI:												
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36. I certify that the information stated on this WF SIGNATURE:				est of r	my know	•						
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DOH 331-011 (Rev. 06/03) Sentry DOH Water System Copy Page:



ONE FORM PER SYSTEM

Jpdated: 11/28/2006

Printed: 08/26/2009 WFI Printed For: On-Demand Submission Reason: Other

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032

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6. PF	RIMARY CONTACT NAME & MA BOB BLACKI	Chie	f Ops Of	Çice	aleilii) V		1 (1)	endig engen			R NA				18.00 E. F.		803432412747	30,000,000,000		8.	Owner N	umber 0	002	12		ijli:
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ADDR CITY	ESS	STA	ATE.	ZIP					CITY		S 54		189 4LL			I E				STATE	WA	ZIP 9	337	5		
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11.	SATELLITE MANAGEMENT AG	SENCY - SMA (c	heck only one)						alan			, g					4 5.955	44	Parisi					uddi	al P
	Not applicable (Skip to a Owned and Managed	#12)	SMA NAME																		SMA Nu	ımber:	al est		1.65	
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	☐ Owned Only																									
12.	WATER SYSTEM CHARACTER	RISTICS (mark A	LL that apply)												liji l	n lin							i i i i i		
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I	Commercial / Business Day Care						usina ensec		identi	ial Fa	cility									ry Farm \	Worker					
	Food Service/Food Permit						dging											Othe	r (ch	urch, fire	station,	etc.):				
	1,000 or more person event for 2	or more days pe	r year			Re	creati	onal ,	/RV F	Park							:								0848450	_
13.	WATER SYSTEM OWNERSHIP	(mark only one						di.	a di					n la						14. STO	ORAGE (CAPACIT	/ (ga	llons)	D.
i	Association	☐ County					Inve						⊃sp ⊃st		ll Dis	trict						500				
	City / Town	☐ Federal	Language and the same and the s						100 000	= 7		e de la composition della comp		- 1				Taga s								
15	16 SOURCE NAME		17 INTERTIE		S	our	18 CE C <i>A</i>		ORY			19 USE		2 0			21 atmi	ENT		22 DEPTH	23	SOL	RCE	4 LOCA	OITA	4
	LIST UTILITY'S NAME FOR	ESSE 21/10/10 11 11/11/11							10.5		110	107	- 12 11 5	167						E.	83	anteire.				
ıper	AND WELL TAG ID NUM	BEK.			딒					RANNEY / INF. GALLERY				۵						DEPTH TO FIRST OPEN INTERVAL IN FEET	CAPACITY (GALLONS PER MINUTE)			az I		
N Null	Example: WELL #1 XY	Z456	INTERTIE System			uli-	9	PRIN	ATER	F. GA			_	TERED		<u>8</u>	٤			O FIR	ACITY (GALL) PER MINUTE)	NOT:		UMBE		
Source Number	IF SOURCE IS PURCHASED OR	46.0	ID Number			ြ	G FIEI	GINS	ACE W	EY / IN	ANEN	NA I	EMERGENCY	뜅		CHLORINATION	FILIKATION	READIATION (UV	~	PTH 1	APACI PEF	114, 114 SECTION		SECTION NUMBER	TEG	щ
	LIST SELLER'S NAM Example: SEATTLE		NOMBLE CONTRACTOR	WELL	WELL FIELD WELL IN A WELL FIELD	SPRING	SPRING FIELD	SPRING IN SPRINGFIEL	SURFACE WATER	RANN	OTHER PFRMANENT	SEASONAL	EMER	SOURCE MET	NONE	일 [IRRAI	OTHER	30	O.	1/4, 1		SECT	5	RANGE
S01	WELL #1 AAB134			Х							Х		П	Υ	Х	\perp		$oldsymbol{\bot}$	L	87	30	NE N		3 2		01E
S02	WELL #2 AEF325			X	+	_	H	+	_	$\vdash \vdash$	 X	+	H	Y	X	+	+	+	╁	132	50	NE N	N 1	13 2	ZN	01E
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DOH 331-011 (Rev. 06/03) Sentry DOH Water System Copy Page:

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								ACTIVE SE CONNECT	IONS	DOH USE CALCUI	ATED	DOH US APPR	10,503
25. SINGLE FAMILY RESIDENCES	(How many of the foll	lowing d	o you ha	ve?)		iii Lagara	95911875	0		ACTIVE CON		Unapp	proved
A. Full Time Single Family Residences (Occup								29					
95.1	Part Time Single Family Residences (Occupied <i>less than</i> 180 days per year) 5. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)												
A. Apartment Buildings, condos, duplexes, barr													
B. Full Time Residential Units in the Apartment													
C. Part Time Residential Units in the Apartment													
27. NON-RESIDENTIAL CONNECT													
A. Recreational Services and/or Transient Accor	0												
B. Institutional, Commercial/Business, School, I	29		1914										
28. TOTAL SERVICE CONNECTIONS													Alleria Per
29. FULL-TIME RESIDENTIAL PO		Politica Fastania	Wallian and	and Alies									
A. How many residents are served by the	nis system 180 or <i>more</i> da	ys per yea	Γ <i>Γ</i>			78							
30. PART-TIME RESIDENTIAL PO	PULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC
A. How many part-time residents are pr	resent each month?												
B. How many days per month are they	present?												
31. TEMPORARY & TRANSIENT L	JSERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC
A. How many total visitors, attendees, tr patients or customers have access to each month?													
B. How many days per month is water a public?	accessible to the												
32. REGULAR NON-RESIDENTIAL	L USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	νον	DEC
If you have schools, daycares, or bus to your water system, how many studchildren and/or employees are preser	inesses connected ents daycare nt each month?										91125		(CENTERS)
B. How many days per month are they p	present?												
33. ROUTINE COLIFORM SCH	EDULE	JAN 1	FEB 1	MAR 1	APR	MAY.	JUN 1	JUL 1	AUG 1	SEP 1	OCT	NOV	DEC
35. Reason for Submitting WFI: ☐ Update - Change ☐ Updat		nactiva	te DF	Re-Activa	ate □ N	lame Ch	ange [☐ New §	Bystem	☐ Othe	r		
36. I certify that the information	on stated on this WF	l form is	correc	t to the b	pest of n	ny know	rledge.						
SIGNATURE:	•												
DDINT NAME:						TIT							

DOH 331-011 (Rev. 06/03) Sentry DOH Water System Copy Page:



WELL #2 ABA685

WELLS #1 & 2

WATER FACILITIES INVENTORY (WFI) FORM Quarter: 2

ONE FORM PER SYSTEM

Printed: 08/26/2009

18N

34 18N

03E

03E

152

153

120

238

NW SW

NW SW

WFI Printed For: On-Demand

Submission Reason: Other RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032 3. COUNTY 4. GROUP 5. TYPE 2. SYSTEM NAME 1. SYSTEM ID NO. Comm PIERCE RANCH WATER SYSTEM 35354 5 8. Owner Number 000212 6. PRIMARY CONTACT NAME & MAILING ADDRESS 7. OWNER NAME & MAILING ADDRESS Chief opsofficer
BOB BLACKMAN [OPERATIONS MANAGER] RAINIER VIEW WATER CO TITLE: OWNER CONTACT PO BOX 44427 **BOB BLACKMAN** TACOMA, WA 98448-0427 PO BOX 44427 **TACOMA, WA 98448** STREET ADDRESS IF DIFFERENT FROM ABOVE STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN **ATTN** ADDRESS 5410 189TH ST E ADDRESS STATE WA STATE ZIP CITY ZIP 98375 CITY **PUYALLUP** 10. OWNER CONTACT INFORMATION 9. 24 HOUR PRIMARY CONTACT INFORMATION Owner Daytime Phone: **Primary Contact Daytime Phone:** (253) 537-6634 (253) 537-6634 x1213 Owner Mobile/Cell Phone: Primary Contact Mobile/Cell Phone: **Primary Contact Evening Phone: Owner Evening Phone:** (253) 537-6634 (253) 537-6634 E-mail: bob@rainierviewwater.com E-mail: irene@ranierviewwater.com Fax: (253) 537-7896 Fax:(253) 537-7896 WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies. 11. SATELLITE MANAGEMENT AGENCY - SMA (check only one) Not applicable (Skip to #12) SMA Number: Owned and Managed SMA NAME: Managed Only Owned Only 12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply) Residential ☐ Hospital/Clinic ☐ Agricultural School ☐ Industrial ☐Commercial / Business Temporary Farm Worker ☐ Day Care ☐ Licensed Residential Facility Other (church, fire station, etc.): ☐Food Service/Food Permit ☐ Lodging ☐ Recreational / RV Park 1,000 or more person event for 2 or more days per year 14. STORAGE CAPACITY (gallons) 13. WATER SYSTEM OWNERSHIP (mark only one) Investor ☐ Special District ☐ County Association 0 ☐ State ☐ Private □City / Town ☐ Federal 22 23 24 2 21 18 19 16 17 15 TREATMENT DEPTH SOURCE LOCATION INTERTIE **SOURCE CATEGORY** USE SOURCE NAME LIST UTILITY'S NAME FOR SOURCE DEPTH TO FIRST OPEN CAPACITY (GALLONS AND WELL TAG ID NUMBER. SPRING IN SPRINGFIELD RANNEY / INF. GALLERY INTERVAL IN FEET WELL IN A WELL FIELD SOURCE METERED SECTION NUMBER INTERTIE Example: WELL#1 XYZ456 SURFACE WATER RRADIATION (UV 1/4 SECTION SYSTEM SPRING FIELD Source **WELL FIELD** SEA WATER PERMANENT TOWNSHIP IF SOURCE IS PURCHASED OR INTERTIED, ID LIST SELLER'S NAME NUMBER Example: SEATTLE NW SW 34 18N 03E 153 118 WELL #1 ABA684

Sentry DOH **Water System Copy** Page: DOH 331-011 (Rev. 06/03)

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1. SYSTEM ID NO. 2. SYSTEM NAME 35354 5 RANCH WATER SYSTEM	3	COUNTY	•			1 4 4 1 1 1 2 4 2 1 1 1 2 4 2 1	group A	5. TYPE					
							ACTIVE SE CONNECT	IONS	DOH USE CALCUI CTIVE CON	ATED		E ONLY!	
25. SINGLE FAMILY RESIDENCES (How many of the following)	lowing d	o you ha	ve?)	1904-500	Ana _{sa}	Marie I	0		6!		10-11-6	8	
A. Full Time Single Family Residences (Occupied 180 days or more per year)							£5	68					
B. Part Time Single Family Residences (Occupied less than 180 days per year	r)						0						
	6. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?) L Apartment Buildings, condos, duplexes, barracks, dorms												
A. Apartment Buildings, condos, duplexes, barracks, dorms	0												
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms the	0												
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms the	0												
27. NON-RESIDENTIAL CONNECTIONS (How many of the				p-1									
A. Recreational Services and/or Transient Accommodations (Campsites, RV si	0	i	0	g in the line.	- ()							
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, e		0		0)						
	28.	TOTAL	SERVICE	CONNE	CTIONS			Elika ar s	68	j	6	8	
29. FULL-TIME RESIDENTIAL POPULATION		10.4		10									
A. How many residents are served by this system 180 or more da	ys per yea	r?			165	170		M-HISTLER SE	ALCOHOL .			113	
30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
A. How many part-time residents are present each month?													
B. How many days per month are they present?													
31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?													
B. How many days per month is water accessible to the public?													
32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC	
If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?													
B. How many days per month are they present?					:								
33. ROUTINE COLIFORM SCHEDULE	JAN 1	FEB	MAR 1	APR	MAY 1	JUN 1	JUL 1	AUG 1	SEP	ост 1	NOV	DEC 1	
35. Reason for Submitting WFI: ☐ Update - Change ☐ Update - No Change ☐ I 36. I certify that the information stated on this WF SIGNATURE:					my know	rledge.	□ New S	System	☐ Othe	er			
PRINT NAME:	NAME: TITLE:												

DOH 331-011 (Rev. 06/03) Sentry DOH Water System Copy Page:



ONE FORM PER SYSTEM

Updated: 12/21/2006 Printed: 08/26/2009

WFI Printed For: On-Demand

Submission Reason: Other RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032 5. TYPE 3. COUNTY 4. GROUP 1. SYSTEM ID NO. 2. SYSTEM NAME Α Comm PIERCE RIVERVIEW WATER SYSTEM 72975 W 7. OWNER NAME & MAILING ADDRESS 8. Owner Number 000212 6. PRIMARY CONTACT NAME & MAILING ADDRESS Chief Ops Officer
BOB BLACKMAN [OPERATIONS MANAGER] RAINIER VIEW WATER CO TITLE: OWNER CONTACT PO BOX 44427 **BOB BLACKMAN** TACOMA, WA 98448-0427 PO BOX 44427 **TACOMA, WA 98448** STREET ADDRESS IF DIFFERENT FROM ABOVE STREET ADDRESS IF DIFFERENT FROM ABOVE ATTN ATTN ADDRESS 5410 189TH ST E **ADDRESS** STATE WA ZIP 98375 CITY STATE ΖIΡ **PUYALLUP** CITY 10. OWNER CONTACT INFORMATION 9. 24 HOUR PRIMARY CONTACT INFORMATION Owner Daytime Phone: (253) 537-6634 **Primary Contact Daytime Phone:** (253) 537-6634 x1213 Owner Mobile/Cell Phone: Primary Contact Mobile/Cell Phone: **Owner Evening Phone:** (253) 537-6634 **Primary Contact Evening Phone:** (253) 537-6634 E-mail: irene@ranierviewwater.com E-mail: bob@rainierviewwater.com Fax: (253) 537-7896 Fax: (253) 537-7896 WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies. 11. SATELLITE MANAGEMENT AGENCY - SMA (check only one) Not applicable (Skip to #12) SMA Number: ☐ Owned and Managed SMA NAME: ☐ Managed Only ☐ Owned Only 12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply) Residential ☐ Hospital/Clinic ☐ Agricultural □School ☐ Industrial ☐Commercial / Business Temporary Farm Worker ☐ Licensed Residential Facility □Day Care Other (church, fire station, etc.): Lodging ☐Food Service/Food Permit ☐ Recreational / RV Park 1,000 or more person event for 2 or more days per year 14. STORAGE CAPACITY (gallons) 13. WATER SYSTEM OWNERSHIP (mark only one) ■ Investor ☐ Special District ☐ County ☐ Association 500 ☐ Private ☐ State ☐ Federal □City / Town 23 24 21 19 2 18 16 17 15 SOURCE LOCATION DEPTH USE TREATMENT INTERTIE **SOURCE CATEGORY** SOURCE NAME LIST UTILITY'S NAME FOR SOURCE DEPTH TO FIRST OPEN CAPACITY (GALLONS AND WELL TAG ID NUMBER. SPRING IN SPRINGFIELD INTERVAL IN FEET WELL IN A WELL FIELD PER MINUTE) Number INTERTIE SECTION NUMBER Example: WELL#1 XYZ456 RRADIATION (UV SURFACE WATER 1/4 SECTION CHLORINATION SYSTEM SPRING FIELD RANNEY / INF. Source HED PERMANEN **OWNSHIP** IF SOURCE IS PURCHASED OR INTERTIED, ID LIST SELLER'S NAME NUMBER Example: SEATTLE 02E 60 75 SW NW 27 171 Χ WELL A AAB144 02E 110 50 SW NW 27 17N Χ S02 WELL B AAB145 SW NW 27 17N 02E 60 125 Χ WELLS A & B

Water System Copy Sentry DOH Page: DOH 331-011 (Rev. 06/03)

1. SYSTEM ID NO. 2. SYSTEM NAME 72975 W RIVERVIEW WATER SYSTEM				4.	GROUP A		rype mm						
							ACTIVE SE CONNECT	TONS	DOH USE CALCUI ACTIVE CON	ATED		E ONLYI OVED	
25. SINGLE FAMILY RESIDENCES (How many of the following th		o you hav	ve?)	Maria Maria			0		11 June 3'	PARTY CONTRACTOR OF STREET	3	6	
A. Full Time Single Family Residences (Occupied 180 days or more per year)							281	35				Sellion .	
B. Part Time Single Family Residences (Occupied less than 180 days per year	ar)						0						
26. MULTI-FAMILY RESIDENTIAL BUILDINGS (How man	y of the	following	do you l	nave?)			Territorium	Maria Maria					
A. Apartment Buildings, condos, duplexes, barracks, dorms	0												
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms the	0												
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms to	0												
27. NON-RESIDENTIAL CONNECTIONS (How many of th	diaja.												
A. Recreational Services and/or Transient Accommodations (Campsites, RV si	0		0		() =							
B. Institutional, Commercial/Business, School, Day Care, Industrial Services, e	0		0.00		Hard ()							
		31	Harring L	3	6								
28. TOTAL SERVICE CONNECTIONS 31 29. FULL-TIME RESIDENTIAL POPULATION A. How many residents are served by this system 180 or <i>more</i> days per year? 77 88													
20 DART TIME RECIDENTIAL BORULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	COT	NOV	DES	
30. PART-TIME RESIDENTIAL POPULATION	JAN	FED	MAR	AFR	WAT	JUN	JUL	AUG	SEP	ОСТ	NOV	DEC	
A. How many part-time residents are present each month?													
B. How many days per month are they present?													
31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?											1.0%		
How many days per month is water accessible to the public?						······································							
32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
A. If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?					23211118		in and a second	11.15					
B. How many days per month are they present?													
33. ROUTINE COLIFORM SCHEDULE	JAN 11	FEB 1	MAR 1	APR	MAY	JUN 1	JUL 1	AUG 1	SEP.	OCT 1	NOV 1	DEC	
35. Reason for Submitting WFI: ☐ Update - Change ☐ Update - No Change ☐ I 36. I certify that the information stated on this WF							∐ New \$	System	∐ Othe				
SIGNATURE: PRINT NAME:	ΓΕ: LE:												
	AME: TITLE:												

DOH 331-011 (Rev. 06/03) Sentry DOH Water St

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ONE FORM PER SYSTEM

Updated: 01/06/2009 Printed: 08/26/2009

WFI Printed For: On-Demand Submission Reason: Source Update

RETURN TO: Northwest Regional Office, 20435 72nd Ave S STE 200, Kent, WA, 98032 5. TYPE 3. COUNTY 4. GROUP 2. SYSTEM NAME 1. SYSTEM ID NO. Comm **PIERCE** ROCKY BAY_WATER SYSTEM 73620 P 8, Owner Number 000212 7. OWNER NAME & MAILING ADDRESS 6. PRIMARY CONTACT NAME & MAILING ADDRESS Chief Ops Officer BOB BLACKMAN [OPERATIONS MANAGER] RAINIER VIEW WATER CO PO BOX 44427 TITLE: OWNER CONTACT **BOB BLACKMAN** TACOMA, WA 98448-0427 PO BOX 44427 **TACOMA, WA 98448** STREET ADDRESS IF DIFFERENT FROM ABOVE STREET ADDRESS IF DIFFERENT FROM ABOVE **ATTN** ATTN ADDRESS 5410 189TH ST E ADDRESS STATE WA CITY ZIP 98375 ZIP STATE CITY **PUYALLUP** 10. OWNER CONTACT INFORMATION 9. 24 HOUR PRIMARY CONTACT INFORMATION Owner Daytime Phone: (253) 537-6634 **Primary Contact Daytime Phone:** (253) 537-6634 x1213 Owner Mobile/Cell Phone: Primary Contact Mobile/Cell Phone: (253) 537-6634 Owner Evening Phone: **Primary Contact Evening Phone:** (253) 537-6634 E-mail: irene@ranierviewwater.com E-mail: bob@rainierviewwater.com Fax: (253) 537-7896 Fax: (253) 537-7896 WAC 246-290-420(9) requires that water systems provide 24-hour contact information for emergencies. 11. SATELLITE MANAGEMENT AGENCY - SMA (check only one) Not applicable (Skip to #12) SMA Number: SMA NAME: Owned and Managed Managed Only Owned Only 12. WATER SYSTEM CHARACTERISTICS (mark ALL that apply) Residential ☐ Hospital/Clinic ☐ Agricultural ☐School ☐ Industrial ☐Commercial / Business Temporary Farm Worker ☐ Licensed Residential Facility □Day Care □Other (church, fire station, etc.): ☐Food Service/Food Permit ☐ Lodging ☐ Recreational / RV Park □1,000 or more person event for 2 or more days per year 14. STORAGE CAPACITY (gallons) 13. WATER SYSTEM OWNERSHIP (mark only one) Investor ☐ Special District ☐ County □ Association 15,000 ☐ Private □State □City / Town ☐ Federal 24 21 22 23 19 2 18 15 16 17 TREATMENT DEPTH SOURCE LOCATION USE INTERTIE SOURCE CATEGORY SOURCE NAME LIST UTILITY'S NAME FOR SOURCE CAPACITY (GALLONS DEPTH TO FIRST OPEN AND WELL TAG ID NUMBER. INTERVAL IN FEET WELL IN A WELL FIELD PER MINUTE) INTERTIE SECTION NUMBER Example: WELL #1 XYZ456 SPRING IN SPRIN SURFACE WATER 14, 1/4 SECTION SYSTEM SPRING FIELD RANNEY / INF. Source FIELD **OWNSHIP** IF SOURCE IS PURCHASED OR INTERTIED, ID NUMBER LIST SELLER'S NAME Example: SEATTLE 27 22N 01W 186 SW NE 15 WELL #1 ABE928

1. SYSTEM ID NO. 2. SYSTEM NAME ROCKY BAY_WATER SYSTEM	M			samman bet kitcher	COUNTY			erite (2005) Lagou	1110 4. 1611 111	group A	100	rype mm	
							ACTIVE SE CONNECT	IONS	DOH USE CALCUI	ATED	51.00	e only! Oved	
25. SINGLE FAMILY RESIDENCES (How many of the fol	lowing d	o you ha	ve?)		1000000	i de la comp	0		ACTIVE CON	Control of the Control	Undete	rmined	
A. Full Time Single Family Residences (Occupied 180 days or <i>more</i> per year)							13						
B. Part Time Single Family Residences (Occupied less than 180 days per year	B. MULTI-FAMILY RESIDENTIAL BUILDINGS (How many of the following do you have?)												
A. Apartment Buildings, condos, duplexes, barracks, dorms	0	Mang											
B. Full Time Residential Units in the Apartments, Condos, Duplexes, Dorms the	0												
C. Part Time Residential Units in the Apartments, Condos, Duplexes, Dorms to	0												
27. NON-RESIDENTIAL CONNECTIONS (How many of the		4266											
A. Recreational Services and/or Transient Accommodations (Campsites, RV s		0	100										
B. Institutional, Commercial/Business, School, Day Care, Industrial Services,		Mahalaa 0											
		¹⁴ 4 map 13		100	10 Telling								
29. FULL-TIME RESIDENTIAL POPULATION	i i i i i i i i i i i i i i i i i i i		ii bayaayaa	HOW was	30	Ulada.				uniana j			
A. How many residents are served by this system 180 or more da													
30. PART-TIME RESIDENTIAL POPULATION	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
A. How many part-time residents are present each month?									53		2533112		
B. How many days per month are they present?	١												
31. TEMPORARY & TRANSIENT USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
A. How many total visitors, attendees, travelers, campers, patients or customers have access to the water system each month?		`											
B. How many days per month is water accessible to the public?													
32. REGULAR NON-RESIDENTIAL USERS	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC	
If you have schools, daycares, or businesses connected to your water system, how many students daycare children and/or employees are present each month?													
B. How many days per month are they present?													
33. ROUTINE COLIFORM SCHEDULE	JAN 1	FEB:	MAR 1	APR	MAY 1	JUN 1	III JUL	AUG 1	SEP 1	OCT	NOV 1	DEC 1	
35. Reason for Submitting WFI: ☐ Update - Change ☐ Update - No Change ☐ I	Inactivat	te □F	Re-Activ	ate □ N	lame Ch	ange [∐ New \$	System	☐ Othe	r			
36. I certify that the information stated on this WF	I form is	correc	t to the I	pest of r	ny know	ledge.							
SIGNATURE:					DA'	TE:							
PRINT NAME:													

DOH 331-011 (Rev. 06/03) Sentry DOH Water System Copy Page: